

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention

**Guidance for Applicants (GFA) No. SP 01-001
Part I - Programmatic Guidance**

COMMUNITY-INITIATED PREVENTION INTERVENTION COOPERATIVE AGREEMENTS

Short Title: Community Prevention Interventions

Application Due Date: April 26, 2001

Ruth Sanchez-Way, Ph.D.
Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health
Services Administration

Joseph H. Autry III, M.D.
Acting Administrator
Substance Abuse and Mental Health
Services Administration

Date of Issuance: March, 2001

Catalog of Federal Domestic Assistance (CFDA) No. 93.230

Table of Contents

Agency	1
Action and Purpose	1
Who Can Apply?	1
Application Kit	1
Where to Send the Application	2
Application Date	2
Contacts for Further Information	2
Cooperative Agreements	2
Funding Criteria	3
Post Award Requirements	4
Program Goals	4
Program Overview	4
Suggested Interventions	5
Detailed Information on What to Include in Your Application	6
Project Narrative– Sections A Through D Highlighted	7
Section A: Description of Project	8
Section B: Project Plan	8
Section C: Methodology, Data Collection, Analysis and Performance Monitoring	9
Section D: Project Management, Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support	10
Confidentiality and SAMHSA Participant Protection (SPP)	11
 Appendix A: CSAP GPRA Client Outcome Measures for Discretionary Programs	14
Appendix B: References	26

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Action and Purpose

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention announces the availability of Fiscal Year 2001 funds for cooperative agreements to implement Community-Initiated Prevention Interventions. The goal of this program is to determine how effective the selected prevention intervention model is in preventing, delaying, and/or reducing substance use and substance abuse related problems.

Approximately \$8 million will be available of which \$2 million is allocated for fetal alcohol syndrome/alcohol related birth disorders (FAS/ARBD) awards and \$6 million for all other awards.

Approximately 4-5 awards will be made for FAS/ARBD projects averaging \$400,000 to \$500,000 per year in total costs (direct and indirect). Approximately 15-20 awards will be made for all other intervention projects averaging \$300,000 to \$400,000 per year in total costs (direct and indirect). Actual funding levels will depend on the availability of funds. These funds may be used to pay for the local intervention services (if other funds are not available), evaluation design and implementation, data collection and analysis, preparation of the project reports and intervention implementation manuals for others to use

for replications.

Awards may be requested for up to 3 years. Annual continuation awards depend on the availability of funds and progress achieved.

Who Can Apply?

Units of State and local or Indian tribal governments, and domestic private non-profit organizations may apply.

These organizations can include:

- / Community-based organizations
- / Managed care and other health care delivery systems
- / Universities and colleges
- / Faith-based organizations
- / Tribal organizations
- / Others

Application Kit

Application kits have several parts. The grant announcement (GFA) has 2 parts. Part I is different for each GFA. Part II has general policies and procedures that apply to **all** SAMHSA grant and cooperative agreements. You will need to use both Parts I and II for your application. **This document is Part I.**

The kit also includes the blank forms (SP 424 and PHS 5161) you will need to submit your application.

To get a complete application kit, including Parts I and II, you can:

Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800 729-6686; TDD: 1-800 487-4889; or Download from the SAMHSA site at www.SAMHSA.gov. Go to “grants” link.

Where to Send the Application

Send the original and 2 copies of your application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health, Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type:
“SP 01-001 Community-Initiated Prevention Interventions” in Item Number 10 on the face page of the application form.
3. Please use the exact address listed above.

Application Date

Application is due by *April 26, 2001*.

Applications received after this date will only be accepted if they have a proof-of-mailing date from the carrier no later than 1 week before the deadline date.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without

review.

Contacts for Further Information

For questions on *program issues*, contact:

Soledad Sambrano, Ph.D or Pamela Roddy, Ph.D
Division of Knowledge Development and Evaluation
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 1075
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9110
E-Mail: ssambran@samhsa.gov
proddy@samhsa.gov

For questions on *grants management issues*, contact:

Edna Frazier
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6816
E-Mail: efrazier@samhsa.gov

Cooperative Agreements

These awards are being made as cooperative agreements because they require substantial Federal staff involvement, including:

- ! Technical assistance to awardees.
- ! Coordination with the Program

Coordinating Center.

The roles of Federal staff, awardees, and the Program Coordinating Center (PCC) in the Cooperative Agreement are highlighted below.

Role of Federal Staff:

- ' Provide guidance and technical assistance to help awardees achieve the program goals:
 - input into study design for identifying common variables and measures to link the individual studies where possible.
 - collect, evaluate, report and disseminate individual study results and program manuals.
- ' Monitor and review progress of awardees including conducting site visits.
- ' Participate in Program Coordinating Center meetings, as well as on advisory and other workgroups.

Role of Awardees:

- ' Collaborate with CSAP staff in project implementation and monitoring and with all aspects of the terms and conditions of the community-initiated prevention interventions cooperative agreement.
- ' Participate in Program Coordinating Center activities.
- ' Provide SAMHSA and the Program Coordinating Center with data required for GPRA.

Role of the Program Coordinating Center (PCC):

- ' Assume primary responsibility for identification and collection of Government Performance and Results Act (GPRA) data measures from individual awardees.
- ' Conduct cluster analyses of similar types of data collected by awardees.
- ' Provide coordination, technical assistance, support and strategic and operational advice to the awardees.
- ' Set up a meeting within 90 days of award and continue to hold regularly scheduled meetings twice a year with CSAP and awardees.
- ' Provide logistics for awardee meetings.

Funding Criteria

Decisions to fund a cooperative agreement under this announcement are based on:

1. The strengths and weaknesses of the application as identified by the Initial Review Group and approved by the CSAP National Advisory Council
2. Availability of funds
3. Overall program balance in terms of geography, race/ethnicity of target population, and project size
4. Certification of formal coordination/collaboration with a

Federal and/or non-Federal organization that has the recognized capacity to provide collaborative intervention services

Post Award Requirements

1. Reports:

- ' Quarterly reports for year 01
- ' Semi-annual reports for years 02-03
- ' Annual report
- ' Final evaluation report documenting accomplishments and outcomes.
- ' Replication Manual(for study sites)
- ' Data Tape
- ' Publication Agreement
- ' Journal Article(s)

2. Compliance with data reporting requirements including but not limited to GPRA reporting requirements (See appendix A)

Program Goals

The goal of the Community-Initiated Prevention Interventions program is to determine how effective the selected prevention intervention model is in preventing, delaying or reducing substance use and/or substance abuse related problems in the participant group as compared to a control/comparison group in the local community setting.

It is expected that substance use data will be collected on all persons aged 12 and older and wherever feasible on those aged between 9 and 11. The substance abuse-related problems can include social, emotional, cognitive and physical developmental problems.

Applicants should select and adapt prevention interventions that are culturally and developmentally appropriate for the identified target population in the local community. By developing gender-specific, culturally valid and locally effective services, this program will address another critically important goal -- to provide at-risk population groups access to effective prevention interventions and other needed services.

Examples of interventions that applicants may want to consider are described in the SAMHSA publication, *Science-based Practices in Substance Abuse Prevention: A Guide* (Brounstein et al, 1998)

Program Overview

Effective prevention interventions have been developed for a variety of at-risk populations and have been tested through scientifically defensible studies. Many of these research-based interventions, however, have not been tested by independent evaluators and/or with populations other than the one for which the intervention was originally developed. In order to assure their effectiveness and generalizability with many populations, these models need to be refined and/or adapted and tested under real world conditions more closely approximating their ultimate use by prevention practitioners in the field (Kumpfer, 1997). Grantees in the Community-Initiated Prevention Interventions program will adapt, test, and replicate scientifically defensible studies in local community settings with diverse populations. When appropriate and feasible, longitudinal studies may be conducted. CSAP will make those interventions that are determined to be effective available to communities across the country.

Through the Community Initiated Prevention Interventions Program, CSAP seeks to build a bridge between research and practice by determining the effectiveness of scientifically defensible, but not widely applied and tested, substance abuse prevention interventions when applied across diverse settings and populations. CSAP hopes to gain a better understanding of susceptibility to substance abuse and effective prevention strategies for people from *diverse backgrounds* (e.g., in terms of race/ethnicity, gender, sexual orientation, type of community, etc.) and *across the lifespan*.

CSAP has identified several areas of programmatic interest for which there is a particular need for the type of research that will be conducted through the Community-Initiated Prevention Interventions program. These programmatic areas include issues of longstanding interest to CSAP as well as issues that stem from CSAP's legislative mandate (i.e., as described in the Center's authorizing legislation). These areas of concern include the following:

- FAS/ARBD
- Interventions for Children of Substance Abusing Parents
- Interventions that address self-regulation and control, family bonding and school performance in middle childhood
- Interventions related to school climate change and school violence prevention
- Gender-specific interventions for adolescents
- Youth empowerment or mentoring interventions
- Underage and binge drinking
- Inhalants, methamphetamine, ecstasy, and club drugs
- Drug use in the workplace

- Alcohol and drug misuse and abuse among older adults

While CSAP encourages applications addressing these issues, the Community Initiated Prevention Interventions Cooperative Agreement program is also intended to generate input from the field about what is important. Therefore, applications on other topics of local importance regarding prevention are also encouraged. All applications, regardless of topic, are required to include rigorous process and outcome evaluations. The Program Coordinating Center will be responsible for looking for commonalities among the individual sites and where appropriate conduct cluster analyses.

Suggested Interventions

A number of effective prevention interventions have been developed for these at-risk populations and have been tested through scientifically defensible studies. According to the Institute of Medicine's definition of prevention, these effective interventions include universal interventions for all populations, selective interventions for at-risk populations, and indicated interventions for populations already exhibiting problems related to substance use and abuse (IOM, 1994).

Some of these interventions are targeted to specific age and racial/ethnic groups, while others are more broad in their application (CSAP PEPS, 1998; Brounstein et al., 1998; Sloboda & David, 1997; Kumpfer et al., 1996; Catalano et al., 1997; NIAAA, 1997; Holder, 1997). At the same time, many of these research-based interventions have not been tested by independent evaluators and/or with populations other than the one for which it

was originally developed. In order to assure their effectiveness and generalizability with many populations, these models need to be refined and/or adapted and tested under real world conditions more closely approximating their ultimate use by prevention practitioners in the field (Kumpfer, 1997). As such, there is a great need to adapt, test, replicate and, when possible, conduct longitudinal studies of these prevention interventions in local community settings with diverse populations.

Meeting this need by developing gender-specific, culturally valid, and locally effective services will help address another critically important goal -- to provide at-risk population groups with access to effective prevention interventions and other needed services. Examples of such interventions are described in the SAMHSA publication, *Science-Based Practices in Substance Abuse Prevention: A Guide* (Brounstein et al., 1998).

Detailed Information on What to Include in Your Application

For your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your total abstract may not be longer than 35 lines.

In the first 5 lines or less of your abstract, write a summary of your project that, if funded, can be used in publications, reporting to Congress, or press releases.

3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM

Standard Form 424A. See Appendix B in Part II for instructions.

5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION

These sections describe your project. The Project Narrative is made up of Sections A through E. More detailed information of A-E follows #10 of this checklist. Sections A-E may not be longer than 25 pages.

G Section A - Description of the Project

G Section B - Project Plan (Design)

G Section C - Methodology, Data Collection, Analysis and Performance Monitoring

G Section D - Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

G Section E - Not applicable for this GFA

The support documentation for your application is made up of sections F through I.

There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

G Section F- Literature Citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

G Section G - Budget Justification, Existing Resources, Other Support

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

G Section H- Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment with the sketch.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- *Sample sketches and job descriptions are listed in Item 6 in the Project Narrative section of the PHS 5161-1.*

G Section I- Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the *Project Narrative Sections A - D Highlighted* section of this document.

' 6. APPENDICES 1 - 4

Use only the appendices listed below.

Don't use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider these).

Don't use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:

Letters of Coordination and Support including any Memorandum of Understanding (MOU) of an ongoing public health agreement.

Appendix 2:

Data Collection Instruments and Interview Protocols

Appendix 3:

Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.

Appendix 4:

Sample Consent Forms

' 7. ASSURANCES

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

' 8. CERTIFICATIONS

' 9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II for lobbying prohibitions.

' 10. CHECKLIST

See Appendix C in Part II for instructions.

Study Site Project Narrative– Sections A Through D Highlighted

Your application consists of responding to sections A through I. **Sections A through D, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through D.

T Sections A through D may not be longer than 25 pages.

T A review committee will assign a point value to your application based on how well you address these sections.

T The number of points after each main heading shows the maximum points the review committee may assign to that category.

T Reviewers will also be looking for plans to address cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the review criterion.

Section A: Description of Project (15 Points)

This section of the application should:

- C** Describe the need for implementing the scientifically defensible prevention intervention in the community by including local or regional needs assessment data.
- C** Describe the target population in terms of race, ethnicity, age and gender as well as its risk for substance abuse and/or related problems as reflected by substance use rates and related problems.
- C** Document the effectiveness of the chosen intervention through a current literature review

and the rationale for its choice for use in the community as well as anticipated modifications.

- C** Describe how the proposed project advances the state of the art in prevention, as well as adds to the knowledge base on “best practices.”

Section B: Project Plan (Design) (20 Points)

This section of the application should:

- C** Describe how the proposed project addresses the goals of the GFA by providing a detailed presentation of the intervention, how it will be modified, implemented and tested in the community as well as how it will be made culturally appropriate for the target population.
- C** Estimate the sample size, the size of the participant pool and attrition rates
- C** Describe how and from where the participants for both the treatment and control/comparison groups will be recruited, enrolled and retained in the study and how attrition will be handled as well as the incentives that will be used.
- C** Provide plans to resolve potential recruiting problems and plans to obtain as much data as possible on project drop-outs such as the reasons for dropping out, and how attrition could affect the comparability between the treatment and control/comparison groups .
- C** Describe participant inclusionary and exclusionary criteria in terms of: basic socio-demographics, including age, gender, ethnicity, and other distinguishing characteristics.

C For quasi-experimental designs, describe how the comparability of the treatment and comparison group will be maintained; that is, how will participants be assigned to treatment and comparison group and how self-selection bias will be prevented

C Provide assurances that the control/comparison group participants will not be denied prevention or treatment services, and that they will be provided with standard services and/or if delayed treatment will be offered.

C Describe what services comprise the intervention, dosage levels and costs. Provide letters of coordination and support and MOUs in Appendix 1.

C Specify how project fidelity and project core concepts will be maintained in the adaptation of the chosen intervention.

C Describe how the target population will be included in the planning and design, implementation and analysis of project results and if focus groups will be used for this purpose.

C Where applicable, include a detailed discussion of how HIV/AIDS and alcohol will be addressed.

Section C: Methodology, Data Collection, Analysis and Performance Monitoring (40 Points)

This section of the application should:

< Present a rigorous evaluation plan to determine whether or not the intervention

meets the GFA goals; that is, to determine its effectiveness for the target population

< If gender relevance and cultural appropriateness are issues for the target population and program modifications are planned, present clear details on the process by which these modifications will be documented and implemented.

< Include a clear statement of research questions and specific process and outcome measures, including collection of dosage data and measures related to the fidelity of the implementation. Collect substance use data on all participants aged 12 or older and wherever possible on those aged 9-11.

< Collect social, emotional, cognitive and/or physical developmental problem data that precede and/or relate to substance use and abuse for those under 12 and for other age groups where possible.

< Use the GPRA client outcome measures described in Appendix A . More information about GPRA is provided in Part II under the section with the same name. If additional measures are needed, they may be used. In all cases, however, the proposed measurement instruments should be described in regard to their normative properties and relevance to the age, culture, language, and gender of the target population. These instruments should be reliable and valid, and to the extent possible, normed on the populations being assessed. Data collection instruments/psychometric properties/interview protocols should be included in Appendix 2.

< Describe the strategies for data collection, processing, clean-up, control, confidentiality and security.

- < Specify plans for sample and data retention, including the time frame for conducting the assessments over the course of the project, and how participant protection will be assured. The process/implementation data should focus on determining whether the intervention is implemented as planned.
- < Document the data analysis plans to address the project goals, concentrating on whether the proposed statistical procedures provide a focused test of the hypotheses and whether these tests have adequate statistical power and provide reliable and valid findings as well as detect the predicted effects, especially if there are plans to use complex theoretical models. The guaranteed minimum final sample size should be specified and power analyses included showing that the minimal sample size is adequate for the proposed study.
- < Describe how the analysis will adjust for confounding factors, such as dosage, length of exposure to the intervention and participant risk level, ie severity of problems regarding substance abuse
- < Present a plan for developing a program manual that describes both the developmental history of community support for the program as well as the evolution and implementation of the actual program intervention(s). This plan should be described in sufficient detail to allow others to assess the intervention's adequacy, appropriateness, and feasibility in terms of its potential to contribute new knowledge to the field of substance abuse prevention. The manual should demonstrate how the intervention delayed, reduced or prevented substance use in the target population, and/or how it improved behavioral, emotional, social, cognitive and physical outcomes, as well as

the contextual barriers and remedies used to bring the intervention to successful implementation. This manual should be ready for wide spread dissemination to others for further replication and adaptation

- < Include a plan to disseminate findings to promote advances in the prevention field through presentations, publications in journals and in other venues such as fact sheets, training and technical assistance and websites. Discuss how and when results will be presented in an article ready for journal submission and identify likely forums/venues for publication.
- < Discuss plans to relate costs/participants to outcomes
- < Include plans to cooperate with the PCC by identifying common variables and budgeting two meetings per year with the PCC.

Section D: Project Management, Implementation Plan, Organization, Staff, Equipment/Facilities and Other Support (25 Points)

- < Provide a project management implementation plan, including a time line that displays each specific activity, the target date for completion, and the responsible person. This information may be presented in a table.
- < Describe the capability and experience of the organization and collaborating agencies with similar projects and populations. This experience must pertain to the delivery of substance abuse prevention and other behavioral, emotional, social, cognitive and physical health services. Also describe their

past and present experience in collaborating with other agencies, organizations, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics and other organizations, where appropriate.

- < Discuss plans for coming to consensus about the interventions needed in the community and the involvement of clients and others in developing consensus support.
- < Describe the proposed staffing plan that includes staffing patterns (e.g., rationale for percent of time for key personnel and consultants), including a description of the qualifications and relevant experience of the Project Director, other key staff, and the proposed consultants and/or subcontractors. This experience must pertain to the provision of substance abuse prevention interventions and other behavioral, social, cognitive and physical health services as well as relevant research experience. The cultural capabilities of the staff should also be described to ensure cultural competence in communicating with the target population and in the proposed intervention. Also document the staff's experience, familiarity, links and acceptance by the communities and the target population to be served.
- < Describe the relevant resources such as computer facilities and equipment as well as their location/facility in terms of space, accessibility (in compliance with the Americans with Disabilities Act) and environment.
- < Describe other resources not accounted for in the proposed budgets but necessary for the project, and plans for securing resources to sustain the project once Federal funding is

terminated, or for reducing the project if it is not possible to obtain additional resources.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- / reveal if the protection of participants is adequate or if more protection is needed.
- / be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- C report any possible risks for people in your project,
- C state how you plan to protect them from those risks, and
- C discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

- Ø Protect Clients and Staff from Potential Risks:
 - C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.

- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- C Give plans to provide help if there are adverse effects to participants, if needed in the project.
- C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- C Offer reasons if you do not decide to use other beneficial treatments.

Ü Fair Selection of Participants:

- C Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- C Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- C Explain the reasons for including or excluding participants.
- C Explain how you will recruit and select participants. Identify who will select participants.

Ü Absence of Coercion:

- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- C If you plan to pay participants, state how participants will be awarded money or gifts.
- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Ü Data Collection:

- C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the sites. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- C Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, awardees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Y Adequate Consent Procedures:

- C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- C State:
 - If their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Risks from the project.
 - Plans to protect clients from these risks.
- C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be

documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- C Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

- C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Appendix A

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAP GPRA Participant Outcome Measures for Discretionary Programs

ADULTS

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a participant; to the extent that providers already obtain much of this information as part of their ongoing participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

RECORD MANAGEMENT

Participant ID |____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. PRETEST 2. POST-TEST
3. 6 MONTH FOLLOW-UP

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

☐ Male

☐ Female

2. Are you Hispanic or Latino?

☐ Yes ☐ No

3. What is your race? (Select one or more)

☐ Black or African American ☐ Alaska Native

☐ Asian ☐ White

☐ American Indian ☐ Other (Specify) _____

☐ Native Hawaiian or Other
Pacific Islander

4. What is your date of birth? |____|____| / |____|____| / |____|____|
Month / Day / Year

B. DRUG AND ALCOHOL USE

1.	During the past 30 days how many days have you used the following:	Number of Days
a.	Any alcohol	_ _ _ _ _ _ _
b.	Alcohol to intoxication (5+drinks in one sitting)	_ _ _ _ _ _ _
c.	Illegal Drugs	_ _ _ _ _ _ _
2.	During the past 30 days, how many days have you used any of the following:	Number of Days
a.	Cocaine/Crack	_ _ _ _ _ _ _
b.	Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]	_ _ _ _ _ _ _
c.	Heroin [Smack, H, Junk, Skag], or other opiates	_ _ _ _ _ _ _
d.	Non prescription methadone	_ _ _ _ _ _ _
e.	Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel], MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline	_ _ _ _ _ _ _
f.	Methamphetamine or other amphetamines, [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]	_ _ _ _ _ _ _
g.	Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, VitaminK, Cat, Valiums, Rohypnol, Roofies, Roche]	_ _ _ _ _ _ _
h.	Inhalants [poppers, snappers, rush, whippets]	_ _ _ _ _ _ _
i.	Other Drugs--Specify_____	_ _ _ _ _ _ _

3. Now think about the past 30 days--That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?

☐ Yes ☐ No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?
 _____# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?

☐ Yes ☐ No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?

☐ Yes ☐ No

7. During the past 30 days, that is since *DATEFILL*, have you smoked tobacco in a pipe, even once?

☐ Yes ☐ No

8. How old were you the first time you smoked part or all of a cigarette?

____ years old If never smoked part or all of a cigarette please mark the box. 9

9. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

____ years old If never had a drink of an alcoholic beverage please mark the box. 9

10. How old were you the first time you used marijuana or hashish?

_____ years old If never used marijuana or hashish please mark the box. 9

11. How old were you the first time you used any other illegal drugs?

_____ years old If never used any illegal drugs please mark the box. 9

C. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

1a. If less than 12 years of education, do you have a GED (General Educational Development-Diploma)?

☐ Yes ☐ No

D. ATTITUDES AND BELIEFS

1.How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

- ☐No risk
- ☐Slight risk
- ☐Moderate risk
- ☐Great risk

2. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?

- ☐No risk
- ☐Slight risk
- ☐Moderate risk
- ☐Great risk

3.How much do people risk harming themselves physically and in other ways when they:

a. Have four or five drinks of an alcoholic beverage nearly every day?

- ☐No risk
- ☐Slight risk
- ☐Moderate risk
- ☐Great risk

b. Have five or more drinks of an alcoholic beverage once or twice a week?

- ☐No risk
- ☐Slight risk
- ☐Moderate risk
- ☐Great risk

4.How do you feel about adults smoking one or more packs of cigarettes per day?

- ☐Neither approve nor disapprove
- ☐Somewhat disapprove
- ☐Strongly disapprove

5.How do you feel about adults trying marijuana or hashish once or twice?

- ☐Neither approve nor disapprove
- ☐Somewhat disapprove
- ☐Strongly disapprove

6.How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?

- ☐Neither approve nor disapprove
- ☐Somewhat disapprove
- ☐Strongly disapprove

7.How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?

- ☐Neither approve nor disapprove
- ☐Somewhat disapprove
- ☐Strongly disapprove

**CSAP GPRA Participant Outcome
Measures for Discretionary Programs**

YOUTH - Age 12 and Older



Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a participant; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

RECORD MANAGEMENT

Participant ID

--	--	--	--	--	--	--	--	--	--	--	--

Contract/Grant ID

--	--	--	--	--	--	--	--	--	--	--	--

Grant Year

--	--	--	--

Year

Interview Date

--	--	--	--	--	--	--	--	--	--	--	--

Interview Type

1. PRETEST 2. POST-TEST
3. 6 MONTH FOLLOW-UP

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- ☐ Male
☐ Female

2. Are you Hispanic or Latino?

- ☐ Yes ☐ No

3. What is your race? (Select one or more)

- | | |
|--|---|
| <input type="radio"/> Black or African American | <input type="radio"/> Alaska Native |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> American Indian | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Native Hawaiian or Other
Pacific Islander | |

4. What is your date of birth?

--	--	--	--	--	--	--	--	--	--	--	--

Month / Day / Year

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: **Number of Days**
- | | |
|--|-------|
| a. Any alcohol | _ _ _ |
| b. Alcohol to intoxication (5+drinks in one sitting) | _ _ _ |
| c. Other illegal drugs | _ _ _ |
2. During the past 30 days, how many days have you used any of the following: **Number of Days**
- | | |
|---|-------|
| a. Cocaine/Crack | _ _ _ |
| b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] | _ _ _ |
| c. Heroin [Smack, H, Junk, Skag], or other opiates | _ _ _ |
| d. Non prescription methadone | _ _ _ |
| e. Hallucinogens/ psychedelics [PCP, Angel Dust, Ozone, Wack, Rocket Fuel], MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline | _ _ _ |
| f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] | _ _ _ |
| g. Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat, Valiums, Rohypnol, Roofies, Roche] | _ _ _ |
| h. Inhalants [poppers, snappers, rush, whippets] | _ _ _ |
| i. Other Drugs--Specify _____ | _ _ _ |
3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?
- ☐ Yes ☐ No
4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?
- _____ # of Days
5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?
- ☐ Yes ☐ No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?
- ☐ Yes ☐ No
7. During the past 30 days, that is since *DATEFILL*, have you smoked tobacco in a pipe, even once?
- ☐ Yes ☐ No
8. On how many occasions (if any) in your lifetime have you had an alcoholic beverage-more than just a few sips?
- ☐ Never
☐ 1-2
☐ 3-5
☐ 6-9
☐ 10-19
☐ 20-39
☐ 40 or more
9. How old were you the first time you smoked part or all of a cigarette?
- _____ years old If never smoked part or all of a cigarette please mark the box **9**
10. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.
- _____ years old If never had a drink of an alcoholic beverage please mark the box **9**
11. How old were you the first time you used marijuana or hashish?
- _____ years old If never used marijuana or hashish please mark the box **9**
12. How old were you the first time you used any other illegal drugs?
- _____ years old If never used used any illegal drugs please mark the box **9**

C. FAMILY AND LIVING CONDITIONS

1. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
 - ☒ Not Applicable-no drug use
2. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
 - ☐ Not Applicable-no drug use
3. During the past 30 days has your use of alcohol or other drugs caused you to have emotional problems?
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
 - ☐ Not Applicable-no drug use

D. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree?
[01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

E. ATTITUDES AND BELIEFS

- C It is clear to my friends that I am committed to living a drug-free life.
- ☐ False
 - ☐ Maybe
 - ☐ True
- C I have made a final decision to stay away from marijuana.
- ☐ False
 - ☐ Maybe
 - ☐ True
- C I have decided that I will smoke cigarettes.
- ☐ False
 - ☐ Maybe
 - ☐ True
- C I plan to get drunk sometime in the next year.
- ☐ False
 - ☐ Maybe
 - ☐ True
5. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
6. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
7. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar

8. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks nearly every day?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
9. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks once or twice each weekend?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
10. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
11. How wrong do you think it is for someone your age to smoke cigarettes?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
12. How wrong do you think it is for someone your age to smoke marijuana?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all

Appendix B References

BROUNSTEIN, P. J., ZWEIG, J. M., & GARDNER, S.(1998) Science-based Practices in Substance Abuse Prevention: A Guide. Working Draft, SAMHSA/CSAP. December 7, 1998.

CATALANO, R. F., HAGGERTY, K. P., GAINNEY, R. R., & HOPPE, M. J., (1997). Reducing parental risk factors for children's substance misuse: Preliminary outcomes with opiate-addicted parents. *Substance Use & Misuse*, 32, 699-721.

CSAP, SAMHSA (1998). Family-centered Approaches to Prevent Substance Abuse among Children and Adolescents: A Guideline. *Prevention Enhancement Protocol System (PEPS)*. Number 277-92-1011, Government Printing Office, Washington, D.C.

HOLDER, H. D., SALTZ, R. F., GRUBE, J. W., VOAS, R. B., GRUENEWALD, P. J.& TRENO, A. J. (1997). A community prevention trial to reduce alcohol-involved accidental injury and death: Overview. *Addiction*, 1997, 92 (Supplement 2) S155-S171.

INSTITUTE OF MEDICINE. (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. P. J. Mrazek, & R. J. Haggerty, eds. Washington, D.C., National Academy Press.

KUMPFER, K.L. (1997). What works in prevention of drug abuse: Individual, school and family approaches. DHHS, CSAP. *Secretary's Youth Substance Abuse Prevention Initiative: Resource Paper*. 69-105.

KUMPFER, K. L., MOLGAARD, & SPOTH, R. (1996). The Strengthening Families Program for the prevention of delinquency and drug use. In: R. Peters & R. McMahon, eds. *Preventing Childhood Problems, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 241-267.

NIAAA, NIH (1997). Preventing alcohol abuse and related problems. *Alcohol Alert*, 34, 1-4.

SLOBODA, Z. & DAVID, S. L., (1997). *Preventing Drug Use Among Children and Adolescents, A Research-Based Guide*. NIDA, NIH Publication No. 97-4212.